

# Workshop Participant Application

## MILITARY FAMILY ACTION PLAN COMMUNITY CONFERENCE

### Caring For People

**Joint Base McGuire-Dix-Lakehurst      6 May 2015**



DATA REQUIRED BY THE PRIVACY ACT OF 1974, AUTHORITY: 5 USC 301, USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Fort George G. Meade Community Symposium Army Family Action Plan (AFAP). ROUTINE USES: Used to record the names and addresses of attendees at the (AFAP) Conference. Used to contact participants. DISCLOSURE: Disclosure is voluntary. If the requested information is not provided, registration for the conference may not be possible.

Email [LISA.WILLIAMS.22@US.AF.mil](mailto:LISA.WILLIAMS.22@US.AF.mil)

### Workshop Participant Information

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Rank (or rank of sponsor): _____	
Last Name: _____		First Name: _____ MI: _____	
Home Address: _____			
City: _____		State: _____	Zip Code: _____
Primary Email: _____		Alternate Email: _____	
Home Phone: _____		Work Phone: _____	
Cell Phone: _____			
Unit: _____			
Unit Address: _____			

Rank your top 4 working group preferences for the conference, #1 being your first choice and #4 being your last choice- accommodations will be made to try and meet preferences

Medical/Dental _____	Transportation & Employment _____	Family Support & Youth _____
Force Support _____	Facilities & Customer Service _____	Transition & Relocation _____
Benefits & Entitlements _____	Education & Consumer Services _____	Housing _____

*\* Working groups have not been formed so some groups may be adjusted*

### Demographics

Check all that apply- I am ...	
<input type="checkbox"/> Army	<input type="checkbox"/> Navy
<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Single
<input type="checkbox"/> Married	<input type="checkbox"/> Single Service Member
<input type="checkbox"/> Active Duty (AD) Military	<input type="checkbox"/> Spouse of AD Military
<input type="checkbox"/> Mobilized/Activated Reserve Service Member	<input type="checkbox"/> Spouse of Mobilized/Activated Reserve Member
<input type="checkbox"/> Reserve Service Member	<input type="checkbox"/> Spouse of Reserve Service Member
<input type="checkbox"/> Mobilized/Activated National Guard Service Member	<input type="checkbox"/> Spouse of Mobilized/Activated National Guard
<input type="checkbox"/> National Guard Member	<input type="checkbox"/> Spouse of National Guard Member
<input type="checkbox"/> Retired Military	<input type="checkbox"/> Spouse of Retired Military
<input type="checkbox"/> Civilian Employee	<input type="checkbox"/> Spouse of Civilian Employee
<input type="checkbox"/> Dual Military	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Other (Please specify) _____	

### Previous MFAP Experience

I have previous MFAP experience at the installation level <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what role? <input type="checkbox"/> Delegate <input type="checkbox"/> Facilitator <input type="checkbox"/> Recorder <input type="checkbox"/> Transcriber <input type="checkbox"/> Issue Support	
Name of Installation: _____	Year(s): _____
Higher level conference(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Conference: _____ Year(s): _____
I am a registered volunteer on the Installation: <input type="checkbox"/> Yes <input type="checkbox"/> No	